



March 9, 2023

Connecticut General Assembly, Appropriations Committee
Legislative Office Building, Room 2700
Hartford, CT 06106

Testimony *Regarding* House Bill 6659, An Act Concerning the State Budget for the Biennium
Ending June 30, 2025 and Making Appropriations Therefor

Dear Distinguished Chairpersons and Members of the Appropriations Committee:

My name is Ruth Canovi. I am the Director of Advocacy for the American Lung Association in Connecticut. The Lung Association works to save lives by improving lung health and preventing lung disease through research, education and advocacy. Thank you for the opportunity to comment on HB6659, An Act Concerning the State Budget for the Biennium Ending June 30, 2025 and Making Appropriations Therefor. I have been encouraged by the actions of this committee last year as it is clear you recognize the very real and very present burden tobacco products have on our communities. Thank you for your commitment to funding programs to help prevent tobacco addiction and help those who are addicted to quit. We are however, extremely disheartened by the Governor's proposal to cut that \$12 million annual investment in half for the next two years before the money you allocated last year is even available to be spent. While I recognize I will also need to talk with the Finance Committee about that transfer to the Tobacco and Health Trust Fund, I had to use this opportunity to appeal to you champions to help ensure we appropriate strong, sustainable and reliable funds to help the state implement CDC best practice programs.

When it comes to tobacco, the evidence is clear that we need to make an investment in our future:

In 2023, tobacco use impacts too many.

- Tobacco remains the leading cause of preventable death and disease in the country. 4,900 Connecticut residents die due to tobacco annually.
- Tobacco costs Connecticut more than \$2B every year.¹ \$520.8M of that is covered by Medicaid annually.
- Overall tobacco product use rates remain too high. In 2019, in Connecticut, 27.8% of high school students used tobacco products.
- The 2021 National Youth Tobacco Survey data found that 65.3% of students in the U.S. who currently used tobacco products were seriously thinking about quitting the use of all tobacco products and 60.2% actually had made a quit attempt.² Kids know they are hooked and want help.

Last year your commitment to provide \$12 million annually to the Tobacco and Health Trust Fund was a historic win for public health in Connecticut. However, we were concerned that reintroducing language we had seen the past would allow history to repeat itself, as the Tobacco and Health Trust Fund was swept, cut, reduced or redirected more than 80 times over the last 20 years. This proposed 50% reduction in funds for the next two years just reinforces that sincere concern.

As you have heard me share in years past, the United States Centers for Disease Control and Prevention recommends Connecticut invest \$32 million annually on proven tobacco control programs that follow CDC best practices. There is money available for this. The Master Settlement Agreement with the Tobacco Industry brings in approximately \$100 million annually into the state. Relatedly, the people who use tobacco products pay more than \$300 million annually in taxes; surely a large percentage of this should be invested into helping them quit and preventing others from this addiction. The CDC recommended investment is just eight percent of the annual tobacco related revenue Connecticut receives.

The investment to prevent young people from getting hooked on nicotine and helping those who are to quit in addition to saving lives actually does save money. A study conducted by the University of North Carolina concluded that when Connecticut actually funded these programs, the state saved \$2.48 for every dollar invested in current tobacco control programs³. There is real opportunity here, as notably, when states invested sustainably at robust levels, states have seen returns on their consistent investments as high as \$55 to \$1.

Because we are already seeing this cut before the Tobacco and Health Trust Fund appointments have even been fulfilled and the money is available to invest, we clearly need to strongly advocate for robust and sustainable funding. The CDC's recommended level of funding is \$32 million annually, yet in those best practice recommendations, they also include what they deem to be a minimum level of funding which for Connecticut is \$22.7 million annually. At this point, we are asking for a commitment to these CDC recommended levels.

Connecticut cannot afford to continue its history of woefully underfunding our state tobacco control program. Thank you again for your leadership you've shown on this issue recently. Please let Connecticut get these crucial programs off the ground and allow for the excellent community organizations in our state to plan for and implement sustainable work. We strongly encourage you to invest the CDC recommended minimum of \$22.7 million annually – just a small proportion of the more than \$450 million in tobacco related tax revenue and Master Settlement Agreement funds Connecticut receives annually – to help those addicted to nicotine quit and to help offset the millions of dollars the tobacco industry is spending on hooking this new generation.

Relatedly, I want to raise another important component of the budget and activities within the Public Health Committee that would impact this budget. The Public Health Committee recently raised and passed House Bill, 6604, An Act Expanding the Breast and Cervical Cancer Early Detection and Treatment Referral Program to Include Lung Cancer Screening. There is a very serious need to increase lung cancer screening in our state. If this is to go into effect, we want

to ensure that we don't take away resources from existing cancer screening programs, but rather build on the success of other cancer screening programs and invest additional resources in extending these efforts to lung cancer. As you have conversations about this important public health measure, I do want to raise some questions around who is eligible for this program as I want to be sure we reach the entire high-risk population that meets the current guidelines for lung cancer screening.

Lung cancer is the nation's leading cancer killer. It is estimated that lung cancer represented more than 1 in 5 cancer deaths in 2021. We know that the stage at which lung cancer is diagnosed significantly impacts an individual's prognosis. In Connecticut, 31% of lung cancer cases are caught at an early stage when the 5-year life survival rate is 61%. When lung cancer has metastasized, the survival rate is just 7%. We at the Lung Association are concerned about the fact that just 6% of those eligible for lung cancer screening are actually screened in Connecticut. Lung cancer is responsible for the most cancer deaths in the country and the treatment options/prognosis has changed significantly in the past decade. Screening is essential to saving lives.

Lung cancer screening for individuals at high risk originally received a 'B' grade from the United States Preventive Services Task Force (USPSTF) in December 2013, meaning it must be covered by most private insurance and Medicaid expansion plans. In March 2021, USPSTF updated its recommendation for individuals at high risk to include people ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. This recommendation will nearly double the number of individuals eligible for screening and has the potential to save significantly more lives than the previous guidelines. We appreciate your efforts to extend screening to more individuals in Connecticut who are uninsured or underinsured and meet this high-risk criteria.

As this Public Health Committee's legislation proposes that lung cancer screening be added to an already existing program, I have questions about the particular target audience for this program and opportunities to potentially expand the reach. It looks like the current program is limited to women between the ages of 21 and 64. Because the age range for eligibility of screening is for people between 50 and 80, we would hope you would consider increasing the age of eligibility and covering people of all genders.

The other concern I have by adding this program to an existing one is of resources. The breast and cervical cancer screening program in Connecticut is an incredibly important one. This year, the Governor's proposed budget provides level funding for this program. Adding services to this program is promising, but appropriate funding must be included – especially when we are looking at a great potential in screening for lung cancer. While both of these programs are incredibly important, we want to underscore that the Tobacco and Health Trust Fund must be used for tobacco cessation and prevention programs following the CDC's Best Practices. We strongly support the effort to get a lung cancer screening for the under/uninsured program up and running in Connecticut.

I want to thank you for your commitment to the lung health of Connecticut residents and welcome the opportunity to work with you to consider how to make the most impact for the ideal target audience while remaining committed to the breast and cervical health of women in Connecticut. I look forward to working with you to improve access to lung cancer screening and reduce the burden of lung cancer in Connecticut.

Thank you for all of your hard work and your commitment to public health. I look forward to continued conversations with you about these critical lung health programs.

Sincerely,

Ruth Canovi, MPH
Director, Advocacy
American Lung Association in Connecticut

¹ Broken Promises to Our Children. Campaign for Tobacco-Free Kids. [Connecticut](#). Accessed January 31, 2023.

² Gentzke AS, Wang TW, Cornelius M, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. *MMWR Surveill Summ* 2022;71(No. SS-5):1–29.

³ Summary of the Tobacco and Health Trust Fund Programs. 2003 – 2018. [Tobacco-and-Health-Trust-Funded-Programs-2003-2018.pdf \(ct.gov\)](#) Accessed February 23, 2022.